

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101574469

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/	1	/	1		
3		2		1		
4		2		1		
5		8		1		
6		8		1		
7	/		/			
8		1		1		
9	/		/			
10		1		1		
11		2		1		
12	/		/			
13		1		1		
14	/		/			
15	/		/			
16	/		/			
17		①		1		
18		①		1		
19		①		1		
20		①		1		
21	/		/			
22		1		1		
23		2		1		
24	/		/			
25		1		1		
26				1		
27				1		
28				1		
29				1		
30				1		
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50						
TOTAL IND.		↓	9	↓		↓
TOTAL DEP.		←	29	←		←
TOTAL CLAIMS			38			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						